ROAD ALIGNMENT for your vehicle:		ROAD CONDITIONS:				What TRAFFIC CONTROL DEVICES were involved for your vehicle?				ACTIVITY PRIOR TO ACCIDENT?				
1. Straight & level 2. Straight, down grade 3. Straight, up grade 4. Straight, hillcrest 5. Curve & level 6. Curve, down grade 7. Curve, up grade 8. Curve, hillcrest ROAD SURFACE 1. Concrete 2. Blacktop (asphalt) 3. Gravel / rock 4. Dirt 5. Brick		1. Dry 2. Wel 3. Icy 4. Snowy 5. Muddy 6. Slush 7. Slippery (fuel, etc) Was ROAD CONSTRUCTION in progress? Yes No LIGHT CONDITION 1. Daylight 2. Darkness, unlighted 3. Darkness, lighted (street lamps, etc) 4. Dawn / Dusk				1. None Present 2. Stop Sign 3. Yield Sign 4. Flashing Lights 5. Railroad sign or signal 6. DO NOT ENTER sign 7. Traffic Signal 8. Traffic Signal with pedestrian sign 9. Officer/flagman directing traffic 10. Pedestrian Crossing 11. No passing zone striping/sign 12. Warning sign 13. Pavement striping/markings 14. Other 15. Traffic cones or barrels 16. School bus flashing stop lights 17. Temporary concrete barrier			Other 1. Going straight ahead (or around curve) 2. Slowing 3. Stopped in traffic 4. Making RIGHT turn 5. Making LEFT turn 6. Making U-TURN 7. Passing 8. Backing 9. Entering/leaving parked position 10. Starting in traffic 11. Parked 12. Changing lanes 13. Avoiding object in roadway 14. Driving stolen vehicle 15. Other: 16. Evading Law Enforcement Officer 17. Road or right-of-way maintenance					
WEATHER 1. Clear or cloudy 2. Raining 3. Snowing 4. Fog or smoke 5. Dust 6. Strong wind only 7. Ground Blizzard 8. Sleet / hail POSITION OF ALL PERS 10 Hanging / riding on out 11 Pedacyclist 12 Pedestrian 13 Motorcyclist 14 Truck sleeper 15 Other 16 Open pickup bed 17 In camper/ shell/ truck 18 Lying down - front 19 Lying down - rear			tside HERE CODE HERE			TY EQUIPMENT 1 None used 2 Not available 3 Lap belt only 4 Shoulder & Iap 5 Air bag (deployed) 6 Child Restraint 7 Helmet 8 Passive restraint 9 Unknown Person's PHYSICA 1 No apparent injury 2 Fatal injury 3 Incapacitating injury (cannot perform non 4 Non-incapacitating injury (bruises, cuts, swelli 5 Possible injury (no visible signs of in		y ury ormally) g injury elling, etc.)	y mally) injury ing, etc.)		Person's MEDICAL TREATMENT 1 Fatal: not documented 2 Fatal: autopsy 3 Fatal: medical diagnosis 4 Hospitalized (24hr+) 5 Treated & Released 6 First aid at scene 7 No treatment 8 Unknown 9 Refused Treatment			
Name				M	Addre	AND THE PARTY AN	TVOLVED		V	TV	Vehicle	Age	Sex	
Name			-		Addre	ess					Vehicle	Age	Sex	
Name					Addre	ess		54A 5			Vehicle	Age	Sex	
												Age	Sex	
Name					Addre	ess					Vehicle	Age	Sex	
Name					Addre	Address					Vehicle	Age	Sex	
Name					Addre	rss		1 1 1		-	Vehicle	Age	Sex	
					SIGI	(Driver must sig	n report if physically o					e Meeting e Passing a Vehicle a Vehicle TRAVEL of TRAVEL	uming lie De Daw	
		and the time the time the time to			HEN									
	to an Al company s in effect the name	Insurance Carrie Return To: UTOMOBILE LIA advises you in a ct on the date of the ded policyholder a owner.	BILITY ccorda the acc applies	INSU ance w cident.	Del Cheyer RANC ith the person	items checked bel	ortation 2003-1708 policyholder named low: the vehicle involved	I in the acc	cident	and a	any driver opera	ating the v	rehicle	
involved. 4. Our policy for 5. Our policy aff	the nam ords limit ords limit	ed policyholder a	applies least \$ 5,000/	to the \$25,000 \$50,000	perso 0/\$50,0	n as the operator,	but does not apply eath and \$20,000 p \$20,000 property	to the owr	ner of	the ve				
	A1E					SIGNATURE:	AUTHORIZED	INSURAN	CE RI	EPRES	SENTATIVE		-	